

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011635

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 171

FILED MAR 27 1962

## 1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Joplin

Length of stay in 1b

Since 2-16-1962

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Joplin General Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Wisconsin b. COUNTY Manitowoc

c. CITY

OR TOWN

Two Rivers

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1420 22nd Street

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

PEARL

Middle

ERMA

Last

SCHLAGER

## 4. DATE OF DEATH

Month

Day

Year

March 18, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-16-97

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Manitowoc, Wisconsin

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Archie Thayer

## 13b. MOTHER'S MAIDEN NAME

Hannah Gill

## 14. NAME OF HUSBAND OR WIFE

Emil Schlager

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Dau-

Address

Mrs. J. D. Henry 1318 E. 17th Joplin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized Carcinoma

## INTERVAL BETWEEN ONSET AND DEATH

3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma of Stomach5 yr

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

2-6-624 PMto 3-18-62and last saw her alive on 3-18-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(degree or title)

## 22b. ADDRESS

118 B, Frisco Bldg, Joplin,

## 22c. DATE SIGNED

3-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

Forest View Cemetery

## 23d. LOCATION (City, town, or county)

Two Rivers, Wisconsin

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Steve Parker Mortuary Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-19-1962

## 26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/591049928480

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151X

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125-212-0

MAR 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey E. Anne

Licensed Embalmer No. 4463

P. O. Address Joplin Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.